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COC Number
20200225001

ENVIRONMENTAL MONITORING LABORATORY
FIELD SAMPLING SHEET

Sample Number
200225-001

Source Name: Client 2
Source Address:
SAMPLING POINT: Sample point 2a
Description:

Project Name/Requesting Division: CANAL
City: **TIME:** _____ **DATE:** _____
Primary Sampler: _____

Weather: % Cloud Cover:_____ Temp:_____ Wind Direction:_____
Raining: (Y/N) Additional Comments:_____

FIELD ANALYSIS INFORMATION

Instrument ID:	Results	Units	Analyst Initials
Temperature		Deg. C	
Specific Conductance		umhos/cm	
Dissolved Oxygen		mg/L	
pH		Units	
Total Residual Cl2		mg/L	
Turbidity		NTUs	

SURFACE WATER SAMPLING INFORMATION

Water Depth		**Meters**	Circle appropriately for each field:
Sample Depth		**Meters**	Flow Direction: N E W S N/A
Secchi Depth		**Meters**	Flow Velocity: Fst Mod Slo V Slo None
Apparent Color:_____			Tide: Incoming Outgoing Slack
Odor: _____			Comments:
Vegetation: _____			

SAMPLE COLLECTION INFORMATION

Sample Collection Equipment:

Bottle #/Order	A	B	C	D	E	F	G	H
Volume	1L	500mL	120mL					
Type	Glass Amber	Plastic	Plastic					
# of Containers	1	1	1					
CLN Code								
Lab Tests	NO2+NO3 TP	Metals EPA 6020A	E.Coli FC					
Sample Matrix	Water	Water	Water					
Preservation	Ice	H2SO4 Ice	Filter HNO3 Ice					
Preservation Amount (# of drops)								
pH Check								

Project Job _____ **Comments:** _____

_____
Sample Team Signature/Date

_____
Sample Team Signature/Date

_____
Sample Team Signature/Date

_____
Sample Team Signature/Date

Reviewed By: _____ Date: _____

YOUR LOGO HERE

COC Number
20200225001

ENVIRONMENTAL MONITORING LABORATORY
FIELD SAMPLING SHEET

Sample Number
200225-002

Source Name: Client 2
Source Address:
SAMPLING POINT: Sample point 2b
Description:

Project Name/Requesting Division: BIO
City: **TIME:** _____ **DATE:** _____
Primary Sampler: _____

Weather: % Cloud Cover:_____ Temp:_____ Wind Direction:_____
Raining: (Y/N) Additional Comments:_____

FIELD ANALYSIS INFORMATION

Instrument ID:	Results	Units	Analyst Initials
Temperature		Deg. C	
Specific Conductance		umhos/cm	
Dissolved Oxygen		mg/L	
pH		Units	
Total Residual Cl2		mg/L	
Turbidity		NTUs	

SURFACE WATER SAMPLING INFORMATION

Water Depth		**Meters**	Circle appropriately for each field:
Sample Depth		**Meters**	Flow Direction: N E W S N/A
Secchi Depth		**Meters**	Flow Velocity: Fst Mod Slo V Slo None
Apparent Color:_____			Tide: Incoming Outgoing Slack
Odor: _____			Comments:
Vegetation: _____			

SAMPLE COLLECTION INFORMATION

Sample Collection Equipment:

Bottle #/Order	A	B	C	D	E	F	G	H
Volume	1L							
Type	Glass Amber							
# of Containers	1							
CLN Code								
Lab Tests	TKN TP							
Sample Matrix	Solids							
Preservation	Ice							
Preservation Amount (# of drops)								
pH Check								

Project Job _____ **Comments:** _____

_____ Sample Team Signature/Date

_____ Sample Team Signature/Date

_____ Sample Team Signature/Date

_____ Sample Team Signature/Date

Reviewed By: _____ Date: _____